

Preventing Incident Delirium in Hospitalized Adults: An Integrative Review

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Incident delirium is an acute confusion state that occurs during hospitalization, has a rapid onset of disturbed consciousness, and requires immediate intervention. Non-modifiable risk factors for incident delirium include preexisting conditions such as advanced age, serious physiological conditions, polypharmacy, and sensory deficits. Exposure to necessary treatments and interventions during hospitalization are known to precipitate delirium. Evidence has suggested that patients who develop delirium are more likely to experience prolonged hospitalization, cognitive impairment with accelerated decline, increased risk of discharge to destinations other than home, and increased mortality. Treatment after the onset of delirium has been shown to be ineffective. Studies testing non-pharmacological interventions have demonstrated effectiveness in preventing incident delirium. The purpose is to identify non-pharmacological interventions that are effective in preventing incident delirium in hospitalized adults. An integrative review was undertaken of 356 published articles found from the following databases: PubMed, Cinahl, MedLine, PsychInfo, Ovid, and Ebsco. After removing duplicates and records that did not meet inclusion criteria, we reviewed 87 abstracts to screen for inclusion criteria. We included systematic reviews, meta-analyses, research reports, and review papers that tested or discussed non-pharmacological interventions used to prevent incident delirium. We excluded 45 papers based on abstract content and 42 full-text examinations led to 13 additional exclusions. The final sample was comprised of 29 articles. Interventions that are in practice today are mostly based on evidence reported in two studies. These interventions take a multi-component approach that includes sensory aids, reduction of environmental stimuli, reorientation, early mobilization, adequate hydration, and cognitively stimulating activities. Music listening as a single intervention has also shown to be effective in preventing incident delirium. Further evidence is needed to support the use of new and existing non-pharmacological interventions in preventing incident delirium in hospitalized adults.

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